Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY: ||

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

	1
IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 837070
MINOR
(SUBR 08)
FACILITY TOTAL
Sum

U.S.E. No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE VALUE U		UNITS	VALUE	VALUE VALUE		UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	11,0	11.0	00	31	Ymo.	METER	
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	MA	00		YMO.	METER	
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	NA	N/A	Mg/L		3/1R	DMP	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	N/A	NA	MOL		3/1R	COMP	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	N/A	NA	MO/L		3/4R	CALL	
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	N/A	Mg/L		3/4R	OALC	
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD	
Solids, settleable	SAMPLE MEASUREMENT	****	****	*****	*****	N/A	N/A	ML/L		3/4R	CALC	
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	01 111	TELEPI	HONE	DATE
( A. (	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	2025 AREA Code	82219 NUMBER	01/13/15 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
12/1/2014	12/31/2014				

83707 **DMR Mailing ZIP CODE: MINOR** (SUBR 06) **FACILITY TOTAL** Sum No Discharge

FREQUENCY SAMPLE QUALITY OR CONCENTRATION NO. QUANTITY OR LOADING OF ANALYSIS EX TYPE UNITS UNITS VALUE VALUE VALUE PARAMETER VALUE VALUE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Phosphorus, total [as P] SAMPLE MS NA MEASUREMENT COMP \*\*\*\*\* Twice Per Year COMPOS \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg. Mon. Req. Mon. mg/L PERMIT 00665 1 0 MO AVG DAILY MX REQUIREMENT Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Phosphorus, total [as P] Ma MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Twice Per Year CALCTD \*\*\*\*\* .16 mg/L 0066520 PERMIT REQUIREMENT MO AVG DAILY MX Effluent Net \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MO SAMPLE Phosphorus, total [as P] NIA COMP MEASUREMENT Twice Per Year COMPOS \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* PERMIT Req. Mon. Req. Mon. mg/L 00665 G 0 REQUIREMENT MO AVG DAILY MX Raw Sewage Influent \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Hardness, total [as CaCO3] SAMPLE Mg COMP MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg. Mon. mg/L Quarterly COMPOS 00900 1 0 PERMIT REQUIREMENT DAILY MX Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Mai Copper, total recoverable NA MEASUREMENT COM \*\*\*\*\* COMPOS \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0111910 PERMIT Req. Mon. mg/L Quarterly REQUIREMENT DAILY MX Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Flow, in conduit or thru treatment plant 19,7 MEASUREMENT MD \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **MEASRD** cfs Monthly PERMIT Reg. Mon. 50050 1 0 REQUIREMENT DAILY MX Effluent Gross

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	21 11	TELEPHONE	DATE
1 - 1 - 1 - 1	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 588 2219 AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F ADDRESS: 600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030 SUM-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/1/2014 11/30/2014

DMR Mailing ZIP CODE: **MINOR** (SUBR 06) **FACILITY TOTAL** Sum



3/		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	/ALUE UNITS		VALUE	VALUE VALUE		EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	***	****	*****	****	11,0	1110	°C	30	Ymo	MERL	
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	****	****	NIA	NA	°C		mo	METER	
00010 R 0, See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER	
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	****	N/A	N/A	mg/L		2/4R	comp	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	NA	Mg/L		2/4P	COMP	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	NA	Mg/L		3/yR	CALC	
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	NIA	MO/L		3/yR	CALC	
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD	
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	ML/L		3/yr	CALC	
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	01111	TELEPHONE	E	DATE
1100 2000 501 00 0 0	evaluate the information submitted passed on the jumping of the plants on the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 5883 AREA Code NUI	2219 JMBER	12/15/14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FI

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

	IDG130030	SUM-A
Ī	PERMIT NUMBER	DISCHARGE NUMBER
Γ	MONITO	ORING PERIOD
-	MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: MINOR

(SUBR 06)

Sum

Form Approved

OMB No. 2040-0004

**FACILITY TOTAL** 

83707 U.S. F. THEGION 10 CONT. WICE AND ENFORCEMENT No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	MA	NA	Mg/L		3/4R	comp
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	N/A	N/A	Mg/L		3/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	NA	NA	MO/L		3/1R	comp
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NA	MO/L		YYR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	N/A	Mg/L		4/YR	60 mp
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	19.1		*****	*****	*****	*****		Ymo,	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly .	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Die della da	TELEPHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 598 7219 AREA Code NUMBER	12/15/14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

•	 •	de la		-		
-24						

OMB No. 2040-0004

ERMITEE NAME/ADDRESS	(Include Facility	/ Name/Location if	Differen
----------------------	-------------------	--------------------	----------

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

MONITO	ORING PERIOD
PERMIT NUMBER	DISCHARGE NUMBI
IDG130030	SUM-A

MM/DD/YYYY MM/DD/YYYY 10/1/2014 10/31/2014

DMR Mailing ZIP CODE: **MINOR** 

83707

NO. FREQUENCY SAMPLE

Sum

QUALITY OR CONCENTRATION

(SUBR 06)

**FACILITY TOTAL** 

No Discharge

		QUAI	NTITY OR LOADING	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				OF ALLEY VOICE	OAWII EE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	***	*****	*****	N/A	N/A	°C		Ymo.	METER
0010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	****	11.1	1/.1	°C		Ymo.	METER
0010 R 0 ee Comments	PERMIT REQUIREMENT	*****	*****	*****	****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
olids, total suspended	SAMPLE . MEASUREMENT	*****	*****	*****	*****	42.0	<2.0	mg/L		3/4R	Comp
0530 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
olids, total suspended	SAMPLE MEASUREMENT	*****	****	****	***	<2,0	< 2,0	m3/L		3/yR	comp
0530 G 0 law Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	сомроз
olids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	< 2.0	42,0	MO/L		3/yR	CALC
0530 O 0 see Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
olids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	22,0	mg/L		3/4R	CALC
0530 P 0 ee Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
olids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	****	<0,1	*****	ML/L		3/1R	CALL
0545 S 0 ee Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

QUANTITY OR LOADING

NAME/THEE PRINCIPAL EXECUTIVE OF TICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Ol I thank	TELEPHOI	NE .	DATE
212112121	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 588 2 AREA Code N	ZZI9 NUMBER	///18/14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUM-A

DISCHARGE NUMBER

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Form Approved

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

50050 1 0

Effluent Gross

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION:

ATTN: GARY BYRNE, PROD SUPERVISOR

MACKAY, ID 83251

4848 NORTH 5600 WEST

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/1/2014

IDG130030

PERMIT NUMBER

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06) **FACILITY TOTAL** 

Sum

No Discharge

FREQUENCY SAMPLE QUALITY OR CONCENTRATION NO QUANTITY OR LOADING OF ANALYSIS **TYPE** EX UNITS VALUE VALUE VALUE UNITS VALUE PARAMETER VALUE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Phosphorus, total [as P] 2 comp 0.017 MEASUREMENT 0,017 \*\*\*\*\* COMPOS \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Twice Per Year Rea. Mon. Reg. Mon. mg/L PERMIT 00665 1 0 MO AVG DAILY MX REQUIREMENT Effluent Gross \*\*\*\*\* \*\*\*\*\* SAMPLE Mg Phosphorus, total [as P] 0.006 0.006 MEASUREMENT \*\*\*\*\* \*\*\*\*\* Twice Per Year CALCTD \*\*\*\*\* \*\*\*\*\* .16 mg/L .1 00665 2 0 PERMIT DAILY MX REQUIREMENT MO AVG Effluent Net \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* MB SAMPLE Phosphorus, total [as P] 0.01 0.011 MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg. Mon. Twice Per Year COMPOS \*\*\*\*\* Reg. Mon. mg/L PERMIT 00665 G 0 REQUIREMENT MO AVG DAILY MX Raw Sewage Influent \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MO Hardness, total [as CaCO3] SAMPLE LOMP MEASUREMENT \*\*\*\*\* COMPOS \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Req. Mon. mg/L Quarterly 00900 1 0 PERMIT DAILY MX REQUIREMENT Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MG SAMPLE Copper, total recoverable LOMP MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* COMPOS \*\*\*\*\* Reg. Mon. mg/L Quarterly 01119 1 0 PERMIT REQUIREMENT DAILY MX Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Flow, in conduit or thru treatment plant 19.8 MO MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **MEASRD** \*\*\*\*\* Monthly cfs PERMIT Reg. Mon.

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Object Hanne	TELEP	PHONE	DATE
0 - 0 - 1 0 - 1 - 1 - 1 - 1 0 0 0 0	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 58 AREA Code	8ZZI9 NUMBER	11/18/14 MM/DD/YYY

DAILY MX

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDGf30030 SUM-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY

9/1/2014

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

MM/DD/YYYY 9/30/2014

DMR Mailing ZIP CODE:

MINOR

Sum

(SUBR 06)

**FACILITY TOTAL** 

83707

OFFICE OF COMPLETICE LID

No Discharge

**FREQUENCY** SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. OF ANALYSIS EX TYPE VALUE VALUE UNITS PARAMETER VALUE VALUE UNITS **VALUE** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Temperature, water deg. centigrade 0/ MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* deg C Monthly **METER** \*\*\*\*\* 19 22 PERMIT 00010 Q 0 REQUIREMENT DAILY AV **INST MAX** See Comments \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Temperature, water deg. centigrade MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* METER PERMIT 9 13 deg C Monthly 00010 R 0 REQUIREMENT DAILY AV **INST MAX** See Comments \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Solids, total suspended MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* COMPOS Twice Per Year PERMIT \*\*\*\*\* Rea. Mon. Req. Mon. mg/L 00530 1 0 REQUIREMENT MO AVG DAILY MX Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Solids, total suspended SAMPLE MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg. Mon Reg. Mon. mg/L Twice Per Year COMPOS PERMIT 00530 G 0 REQUIREMENT MO AVG DAILY MX Raw Sewage Influent \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Solids, total suspended MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Twice Per Year CALCTD 00530 O 0 PERMIT \*\*\*\*\* 2 2 mg/L REQUIREMENT DAILY MX DAILY AV See Comments \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Solids, total suspended MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 5 mg/L Twice Per Year CALCTD PERMIT 00530 P 0 REQUIREMENT DAILY MX See Comments \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Solids, settleable MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* mL/L Twice Per Year CALCTD PERMIT 00545 S 0 REQUIREMENT See Comments DAILY AV certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

owing violations.

to the best of my knowledge and belief true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

TYPED OR PRINTED

MM/DD/YYYY

NUMBER

AREA Code

9/30/2014

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

**DMR Mailing ZIP CODE:** 

83707

**MINOR** (SUBR 06)

**FACILITY TOTAL** 

Sum

No Discharge

	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	NH	N/A	M9/L		3/4R	comp	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	WY/	Twice Per Year	COMPOS	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	N/A	N/A	Mg/L		3/1R	CALC	
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L	Mil	Twice Per Year	CALCTD	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	N/A	N/A	mg/L		3/yR	COMP	
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	MYL	Twice Per Year	COMPOS	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	N/A	NA	MOL		4/yR	COMP	
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	则	Quarterly	COMPOS	
Copper, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	N/A	MO/L		4/4/2	COMP	
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	MIL	Quarterly	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18,7	cfs	****	*****	. *****	*****		Ymo,	MEAS	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD	

9/1/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	0.4 116	TELEPH	HONE	DATE	]
1.0 0 -11- 10-0 1100	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 58 AREA Code	38 249 NUMBER	10/20/	14

Ø.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	· SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	11.0	11.0	9		Ymo.	METE
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	MA	OC		Ymo,	METE
0010 R 0 see Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
olids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NA	N/A	M9/L		ZIR	cont
0530 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
olids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NA	NA	MOLL		2/4R	com
0530 G 0 law Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPO
olids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	N/A	NA	MOYL		2/4R	CALC
0530 O 0 see Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTE
olids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	N/A	NO/L		2/4R	CALC
0530 P 0 see Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTE
olids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	*****	MYL		3/4R	CALC
0545 S 0 ee Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTI
NAME/TITLE PRINCIPAL EXECUTIVE			and all attachments were prepa ed to assure that qualified pers			/		Т	TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY	/IOLATIONS (Reference all attachments here)
COMMENTS AND EXPLANATION OF ANY V	TOLA HONS (Reference all attachments here)

wing violations.

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

NUMBER

AREA Code

MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FI

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

**FACILITY TOTAL** 

Sum

No Discharge

	QUANTITY OR LOADING				QUALITY OR CONCENTRATION					NO. FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	N/A	NA	mo/L		3/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	N/A	MA	M9/L		3/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	N/A	NA	MG/L		3/yR	Comp
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	MO/L		4/4R	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NA	mg/L		TYR	comf
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.4	cfs	*****	*****	*****	*****		Ymo.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Monthly	MEASRD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	O.L. A storyed	TELEPHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ZOS SECZIO AREA Code NUMBER	09/11/14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

MONITO	ORING PERIOD
PERMIT NUMBER	DISCHARGE NUMBER
IDG130030	SUM-A

7/31/2014

DMR Mailing ZIP CODE:

83707

MINOR (SUBR 06)

**FACILITY TOTAL** 

Sum

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	11.4	11.4	OC	31	1/mor	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	NA	NIA	OC,		Ymo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NA	NA	M9/L		3/48	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	NA	M9/L		2/12	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****		*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NA	NA	MO/L		3/YR	care
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NA	Ma/L		Z/IR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	*****	ML/L		3/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

7/1/2014

NAME/TITLE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	01 111
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE O AUTHORIZED AGENT

FFICER OR

2085882219 AREA Code MM/DD/YYYY NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISÈ, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

MONIT	ORING PERIOD	
PERMIT NUMBER	DISCHARGE NUMBER	
IDG130030	SUM-A	

7/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

MIG 1 8 2014

FACILITY TOTAL

Sum

No Discharge

	电动物 机物电路	QUA	NTITY OR LOADING		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NA	NA	M9/L		3/yR	comp			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	****	NIA	N/A	M9/L		3/yr	CALC			
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	NIA	NA	MO/L		3/1R	COMP			
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NA	M9/L		4/4R	LOMP			
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS			
Copper, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	N/A	mg/L		4/12	COMP			
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	22,7		*****	*****	*****	*****		YMD	MEAS			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD			

7/1/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	11 1/6	TELEP	HONE	DATE
della Decela terre alla alla	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	208 582	82219	08/15/14
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

11/13/2013

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

6/30/2014

6/1/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

Sum

**FACILITY TOTAL** 

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	MIA	NA	00		Ymo	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11,1	11,1	00	30	1/mo	MOTE
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NA	NIA	MO/L		2/4R	- 00ML
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NJA	NA	MY/L		2/42	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NA	NA	MUL		2/4R	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NA	mg/2		ZyR	CALL
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	****	*****	*****	N/A	*****	MYL		2/yR	CALL
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and hyaluate the information submitted. Based on my inquiry of the person or persons who manage the	01 11/200
endu midely - culoned and	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for the possibility of the submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OF AUTHORIZED AGENT

FFICER OR AREA Code MM/DD/YYYY NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

MINOR

Sum

(SUBR 06)

**FACILITY TOTAL** 

83707

DMR Mailing ZIP CODE:

No Discharge

IDG130030 PERMIT NUMBER

SUM-A DISCHARGE NUMBER

MM/DD/YYYY

6/30/2014

MONITORING PERIOD

MM/DD/YYYY 6/1/2014

MACKAY, ID 83251 ATTN: GARY BYRNE, PROD SUPERVISOR

LOCATION: 4848 NORTH 5600 WEST

BOISE, ID 83707

NAME:

ADDRESS:

FACILITY:

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

600 SOUTH WALNUT STREET, BOX 65

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

		QUA	ANTITY OR LOADING	3		QUALITY OR CONCENTRATION				NO. FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	NH	M9/L		3/4R	comp
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N)A	NA	mg/L		3/4R	eac
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	NA	NA	MG/L		2/4R	comp
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	WIA	MO/L		4/yR	comp
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NIA	Mg/L		4/412	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	22.7		****	****	*****	*****		/mo	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	0-1-411	TELEPHONE	DATE
1 a Aug N and A acco	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	2085882219 AREA Code NUMBER	07/17/15 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4

4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

	PERMIT NUMBER	DISCHARGE NUMBER
--	---------------	------------------

5/1/2014

5/31/2014

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DMR Mailing ZIP CODE:

MINOR

**FACILITY TOTAL** 

(SUBR 06)

Sum

JUN 1 8 2014

No Discharge

Form Approved

OMB No. 2040-0004

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	NA	00		Ymo.	METE
0010 Q 0 ee Comments	PERMIT REQUIREMENT	*****	*****	*****	****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	1/11	%	31	mo	METE
0010 R 0 eé Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
olids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****	NA	NA	MO/		3/4R.	COMF
0530 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPO
olids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****	NA	NA	MO/L	,	3/YR	Comp
0530 G 0 aw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPO
olids, total suspended	SAMPLE MEASUREMENT	****	*****	****	****	NA	NA	109/L		3/4R	CALL
0530 O 0 ee Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTI
olids, total suspended	SAMPLE MEASUREMENT	****	*****	****	****	*****	NA	mg/L		3/4R	CALL
0530 P 0 ee Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTE
olids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	NA	ML/L		3/4R	CALL
0545 S 0 ee Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTI

system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

TYPED OR PRINTED

NUMBER

MM/DD/YYYY

**AREA Code** 

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83707

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

MONITO	ORING PERIOD
PERMIT NUMBER	DISCHARGE NUMBER
IDG130030	SUM-A

MM/DD/YYYY MM/DD/YYYY 5/31/2014 5/1/2014

**DMR Mailing ZIP CODE:** 

MINOR

(SUBR 06)

**FACILITY TOTAL** 

Sum

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	NA	NA	Mg/L		3/42	BOMF
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	NA	NA	M9/L		2/4R	LAIC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	NA	NA	M9/L		2/4R	DMF
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	****	****	NIA	10/2		4/42	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	N/A	MØ/L		4/4R	DOMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20,0		*****	*****	*****	*****		YMO,	MGAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and bevaluate the information submitted. Based on my inquiry of the person or persons who manage the	0.1.1.1	TELEP	HONE	DATE
5. A. 10 A. 1. A. 1. A.	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ZD 8 5	NUMBER	66/16/14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

MACKAY, ID 83251

LOCATION: 4848 NORTH 5600 WEST

IDG130030 SUM-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 4/1/2014 4/30/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL 2 0 2014

Sum

No Discharge

NO EDECHENCY CAMPLE

ATTN: GARY BYRNE, PROD SUPERVISOR

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					D. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	NA	NA	00		Imo	METEL
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
remperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	11.1	11.1	oc	30	YMS	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	Z2.0	22.0	M9/L		2/4R	come
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	****	42.0	L2,0	MOL		2/1R	aonn
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	42,0	42,0	Mg/L		Z/IR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	42.0	Mg/L		2/4R	CHE
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.1	*****	MYL		2/4R	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

	evalua systen to the
GARYBYRNE-FISHPROD, SUP,	signific
TYPED OR PRINTED	KIIOWII

supervision in accordance with a system designed to assure that qualified personnel properly gather and ate the information submitted. Based on my inquiry of the person or persons who manage the n, or those persons directly responsible for gathering the information, the information submitted is, best of my knowledge and belief, true, accurate, and complete. I am aware that there are cant penalties for submitting false information, including the possibility of fine and imprisonment for ng violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

AREA Code

NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

FACILITY:

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

s	MONITO MONITO	DRING PERIOD MM/DD/YYYY
	PERMIT NUMBER	DISCHARGE NUMBER
	IDG130030	SUM-A

4/30/2014

DMR Mailing ZIP CODE: MINOR

83707

(SUBR 06)

FACILITY TOTAL

No Discharge

		QUA	ANTITY OR LOADING	G		QUALITY OR CONG		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	0,024	0,024	mg/2		3/42	comf
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	0,013	0,013	Mg/L		Z/YR	care
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	****	0.011	0.011	MO/2		2/1/2	Corp
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	N/A	MO/L		4/4R	Comp
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	Mg/L		4yr	comp
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	16.9		*****	*****	****	*****		1/mo	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	******	*****	*****	*****		Monthly	MEASRD

4/1/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the	01 411	TELEPHONE	DATE
enally de to ment and and	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	269 5882219 AREA Code NUMBER	OS/16/19 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

нопп Approved

83707

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

MM/DD/YYYY	MONITORING PERIOD  MM/DD/YYYY			
MONIT	ORING PERIOD			
PERMIT NUMBER	DISCHARGE NUMBER			
IDG130030	SUM-A			

3/31/2014

3/1/2014

DMR Mailing ZIP CODE: MINOR

(SUBR 06)

**FACILITY TOTAL** 

Sum

No Discharge

		QUA	NTITY OR LOADIN	G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	N/A.	00		1/mo	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	11.1	11.1	°C	31	Ymo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	N/A	N/A	MO/L		2/4R	comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	N/A	NA	MY/L		2/4R	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	N/A	NIA	MO/L		3/4R	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	M9/L		2/4R	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	mg/L		Twice Per Year	. CALCTD
Solids, settleable	SAMPLE MEASUREMENT	****	*****	*****	*****	N/A	*****	ML/L		3/4R	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

	supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	01 11			
	system, or those persons directly responsible for gathering the information, the information submitted is,	Robert Hoover			1
	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	Z08 58	82219	4/16
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251 ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030 SUM-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 3/31/2014 3/1/2014

DMR Mailing ZIP CODE:

83707

APR 2 | 2014

MINOR

(SUBR 06)

**FACILITY TOTAL** 

Sum

No Discharge

		QUA	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NA	N/A	M9/L		7/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	N/A	NA	mo/L		2/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	N/A	N/A	MO/L		3/4R	comp
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NA	mg/L		4/42	comp
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	N/A	mg/L		4/4R.	Comp
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20,7		*****	*****	*****	*****		/mo.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	01 11	TELEPHONE	DATE
 system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 586721 AREA Code NUMBER	9 04/16/14 MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

Page 2

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

4848 NUK IH 5600 WE

MACKAY, ID 83251

IDG130030 SUM-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

2/28/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL Sum

No Discharge

ATTN: GARY BYRNE, PROD SUPERVISOR

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE UNITS		VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
remperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	女女女女女女	*****	*****	11.1	11,1	PC.	28	Ymo.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
emperature, water deg. centigrade	SAMPLE MEASUREMENT	<b>大方尖大方女</b>	****	****	****	N/A	N/A	°C		Ymo,	META
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	MUL		3/1R	comi
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	СОМРО
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	N/A	N/A	MO/L		3/1R	COMF
0530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	N/A	N/A	mg/L		2/4R	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	N/A	NA	MO/L		3/1R	CALC
0530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
olids, settleable	SAMPLE MEASUREMENT	*****	****	*****	*****	NA	N/A	ML/L		3/1R	CALL
0545 S 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTE

2/1/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	0 1 11	TELEPI	HONE	DATE
1	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the bast of my knowledge and betlef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	2005	882219	02/14/
TYPED OR PRINTED	knowing violations:	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

600 SOUTH WALNUT STREET, BOX 65

BOISE, ID 83707

FACILITY:

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MIM/DD/YYYY

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

**FACILITY TOTAL** 

Sum

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	N/A	N/A	Mel		2/1/2	comp
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	NA	N/A	MB/L		3/4R	care
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	****	****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	NA	MO/L		2/yr	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	NA	ms/L		4/yr	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NA	Mg/L		4/48	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	乘宋妆女女	19.9		*****	*****	****	*****		Ymo,	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	01 (11-	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 58 AREA Code	88 221 9 NUMBER	02/14/14 MM/DDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

FACILITY:

600 SOUTH WALNUT STREET, BOX 65

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

IDG130030 PERMIT NUMBER

1/1/2014

SUM-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 1/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

**FACILITY TOTAL** 

Sum

No Discharge

MACKAY, ID 83251 ATTN: GARY BYRNE, PROD SUPERVISOR

LOCATION: 4848 NORTH 5600 WEST

BOISE, ID 83707

		QUA	NTITY OR LOADING	G	QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.0	11.0	OC	31	mo.	MERN
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	NA	NIA	OC		'mo.	MERIA
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	NA	N/A	M9/L		2/4R	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	NIA	MB/L		3/4R	comp
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	N/A	NA	M9/L		3/4R	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	N/A	MO/L		3/4/2	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	*****	WL/L		3/4R	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE			and all attachments were prepa ed to assure that qualified perso		0	hat then			TEL	EPHONE	DATE

NAME/TITEE T MINOR AL	LALOUTT	LOTTIOLIC
GARY BYRNE- FISH	PROD	MAR,
TYPED OR	PRINTED	

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for wing violations.

Kohert Hoover

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

208 5882219 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IDG130030

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS:

FACILITY:

600 SOUTH WALNUT STREET BOX 65

BOISE, ID 83707

LOCATION: 4848 NORTH 5600 WEST

MACKAY, ID 83251 ATTN: GARY BYRNE, PROD SUPERVISOR

IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 1/31/2014 1/1/2014

SUM-A

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06) **FACILITY TOTAL** 

Sum

No Discharge

		QUAI	NTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	NA	NA	MY/L		2/4R	LOMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	NIA	NA	mo/L		2/4R	care
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	N/A	NA	mg/L		2/4/	LOMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NIA	MO/L		4/4/2	comp
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NA	M9/L		4 AR	comp
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	18.7		*****	*****	*****	*****		Imo.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	01111	TELEP	HONE	DATE
GARY BYRNE-FISH PROD MG	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Z0 8585	SZZ19 NUMBER	2/14/14 MM/DD/YYYY
TYPED OR PRINTED	*		7.11.12.11.00.00	NOMBER	I MINI/BB/1111

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)